

# APPENDIX 1-A

## Agency/Account Enrollment Form

Please use this form to identify each Fuelnet™ AGENCY which will receive INVOICES, BILLING/DRIVER REPORTS, VEHICLE SUMMARIES, and VEHICLE REPORTS for all accounts of the agency. If INVOICES are validated by one office for payment and then sent to another office, specify the VALIDATING agency office. Please use additional forms if this agency has more than 7 accounts.

**Billing Agency (Agency that receives Invoice):**

Street Address: (no PO box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Fleet Agency (Agency that receives Vehicle Reports, if different than billing)**

Street Address: (no PO box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**List below each Account to be reported to the Agency**

Account Name: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Name: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Name: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Name: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Name: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Name: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Person Completing this form**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Fax: \_\_\_\_\_

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